

Attachment A
COVER SHEET
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1. Legal Name of Grantee (to be used in Grant Contract):
2. Federal ID Number:
3. Edison Number:
4. Contact Information (fill in the table below):

	Name	Phone Number	Cell Number	Fax Number	Email Address	Mailing Address
Executive Director						
Program Contact						
Fiscal Contact						
Authorized Contract Signer						
Board Chair						

5. Tax Status
 - ☐ Tax Exempt 501(c)(3) organization
 - ☐ Government tax exempt entity
 - ☐ College or university

6. Tennessee County(ies) to be served:

Signature of Authorized Representative

Date

Attachment B
JOB DESCRIPTION WORKSHEET AND ORGANIZATIONAL CHART(S)
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For each position identified in the project budget, provide a job description that includes position name; classification; reporting structure; duties; responsibilities; and qualifications. This form may be used or provide an existing Proposing entity job description with the requested information.

POSITION NAME:

POSITION IS SUPERVISED BY:

(Title of Supervisor)

Duties:

Responsibilities:

Qualifications:

Attachment B
JOB DESCRIPTION WORKSHEET AND ORGANIZATIONAL CHART(S)
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Provide an Organizational Chart for the entity submitting the proposal, demonstrating where staff and their supervisors fit within the overall structural organization of the entity submitting the proposal. An Organizational Chart must be provided for each program/service covered in the Proposal.